

**Guide for Incorporating Gender
Considerations
in
USAID's
Family Planning and Reproductive Health
RFAs and RFPs**

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I. Introduction

Why Use This RFA Guide?

Addressing gender issues improves USAID reproductive health programs

Integrating a gender equity approach into RFAs (Requests for Applications) and RFPs (Requests for Proposals) concerning reproductive health will:

- Meet the needs of program beneficiaries more effectively and make programs more sustainable; and
- Support good reproductive health by encouraging more equitable gender relations and empowering women.¹

USAID directives require integrating gender considerations into RFAs and RFPs

Recent revisions of the Automated Directive System (ADS) of USAID now require Strategic Objective (SO) Teams to incorporate gender considerations into RFAs and RFPs.² ADS requires that:

- Gender considerations be integrated into the statement of work (SOW) for a competitive contract solicitation (RFP) and program description for RFAs and the Annual Program Statement (APS); and
- Gender-related evaluation criteria be developed for assessing the SOW or APS and ranking the gender component relative to other evaluation factors.

If the SO Team determines that gender issues are not relevant to the activity, the Team Leader is responsible for drafting a statement of justification for the Office of Procurement.

The United States has made commitments to address gender issues

By signing the agreements of the UN International Conference on Population and Development in Cairo (ICPD), the Fourth World Conference on Women-Beijing (FCFW), and the five-year reviews, the United States declared that it would, among other things:

- Promote women's empowerment and gender equity;
- Put aside demographic targets to focus on the needs and rights of individual women and men, promoting a comprehensive reproductive health and rights approach; and
- Involve women in leadership, planning, decision-making, implementation, and evaluation.

If you need help using this Guide

Contact the Chair of the Interagency Gender Working Group (IGWG) in the Office of Population, Michal Avni, or the Coordinator, Audrey Seger, through igwg@usaid.gov. This Guide is not a substitute for involving technical experts with a gender perspective in the design process. Resource people are available through the IGWG for assistance.

¹ Reproductive health efforts that do not address gender biases jeopardize the health results we hope to achieve and may further exacerbate gender inequities. Nearly every reference presented in this Guide supports the idea that addressing gender issues will improve reproductive health programs. However, additional data should be collected.

² Further details concerning the ADS requirements are referenced in Appendix E. Footnotes link the strategies in this document directly to specific requirements in the ADS.



How to Use This RFA Guide

This document is designed as a reference guide.

- *Section I* explains the Guide's purpose.
- *Section II* provides an overview of some of the essential ingredients in gender-sensitive programs in each Division of the Office of Population. It also presents key strategies and questions to aid the user in the formulation of gender-sensitive objectives and key results for the scope of work in RFAs/RFPs.
- *Section III* assists the proposal review panel in developing concrete criteria for comparing different bidders' success in integrating gender considerations into their proposals.
- The *Case Study* section illustrates the applications of the strategies laid out in the Guide.
- The *Appendices* contain the addresses of useful Web sites, a list of those who developed this Guide, resource people in the IGWG and Office of Population, bibliographic references, and referenced sections of the ADS.

What we hope this guide will achieve

This tool is meant to guide design teams through **a process of thinking differently about how to meet the challenges of developing high-quality, client-centered, and sustainable reproductive health programs.** The Guide prompts teams to respond to the ways women and men of different ages, ethnicities, and socioeconomic levels might be differentially **involved in** and **affected by** programs. It is intended to stimulate designers to consider ways to enhance equitable participation of all stakeholders and to ensure greater gender equity in the context of reproductive health programs. The strategies and questions enumerated in the Guide can assist the RFA/RFP design teams in developing basic criteria for holding implementers accountable for addressing gender issues.

Design teams can examine gender issues in background analyses, develop questions the bidders should address in proposals, and formulate concrete benchmarks against which to measure responses from bidders. Design teams are not necessarily expected to be able to answer all the questions listed in each strategy. Rather, the questions are intended as a guide for gathering information on gender issues and thinking through gender considerations in the formulation of reproductive health objectives and results.

Definitions

Gender: Gender refers to the economic, social, political, and cultural attributes and opportunities associated with being male or female. The social definitions of what it means to be male or female vary among cultures and change over time (OECD, 1998).

Gender Perspective: A gender perspective is a theoretical and methodological approach that permits us to recognize and analyze the identities, viewpoints, and relations, especially between women and women, women and men, and men and men (Paulson, Gisbert, and Quinton, 1999).

Gender Equity: Gender equity is the process of being fair to women and men. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Gender equity strategies are used to eventually attain gender equality. Equity is the means; equality is the result (CIDA, 1996).

Gender Equality: Gender equality consists of equal enjoyment by women and men of socially valued goods, opportunities, resources, and rewards (SIDA, 1997).



II. Gender-Related Goals, Strategies, and Questions for RFA/RFP Designers

Goal Statements

Many opportunities exist to promote gender equity within the context of reproductive health programs through RFAs and RFPs. A few examples are provided below.

Policy and Evaluation (P&E)

Censuses and surveys can play a key role by providing accurate data on the gender implications of Population, Health, and Nutrition (PHN) programs (e.g., their effects on domestic violence, literacy, access to resources) and by ensuring sensitivity to issues particularly affecting women, such as confidentiality. By bringing underrepresented groups such as women's health advocates into the political process, policy work can ensure that gender issues, including the empowerment of women, are part of the dialogue in the stages of policy formulation, implementation, and evaluation. Evaluation activities can help determine whether PHN assistance activities promote gender equity or further exacerbate gender inequities.

Research (R)

Operations research (OR) can investigate effective ways to improve reproductive health for women, men, and adolescents of both sexes. Any effort to improve the quality, acceptability, and accessibility of services must take into account gender-related constraints. For example, research on couple communication and women's access to resources can identify barriers to service utilization. OR can identify effective ways to increase contraceptive choice, improve quality of care,

improve sexuality education throughout the life cycle for both sexes, decrease women's burden of providing no-cost family health care, reduce stigma associated with diseases, and reduce violence against women—while simultaneously promoting gender equity. Collaboration with policymakers, women's health and rights advocates, and intended beneficiaries in research design, implementation, and dissemination can promote improved research results and foster gender equity.

Biomedical research on contraceptive methods can contribute to several important equity-related goals (e.g., protecting from sexually transmitted diseases, enhancing women's autonomy, and diminishing dependence on the medical system and on their partners' consent to contraceptive use) while also encouraging men to take more responsibility for contraception (Institute of Medicine, 1996b) and women's reproductive health.

Communications, Management, and Training (CMT)

Promoting gender equity through CMT programs can ensure that reproductive health services are of the highest quality. Communications programs can help communities promote gender equity and understand the negative impact of gender disparities on human sexuality, violence, relationships, maternal health, and reproductive health. Reproductive rights education and reproductive health literacy can be promoted. Programs should address various levels of communication, including interactions between sexual partners,



community dialogues, and communication with policymakers. Communications programs that address gender issues can support the rights of both women and men to receive confidential information and develop skills appropriate to their needs throughout their life cycle. Management can train and promote women to ensure their full participation in program implementation. All management positions should be equally open to women and men. Gender training for managers and providers facilitates their understanding of the influence of gender norms on interactions with clients, clients' access to services, and gender-based disparities that limit reproductive health.

Family Planning Services (FPS)

Gender discrimination and inequities currently limit women's and men's access to confidential family planning services, the ability of women to negotiate the use of family planning for themselves, and effective use of contraceptive methods. Confidential information about the full range of family planning and reproductive health services should be available to all individuals throughout their lives. By addressing the gender dynamics that hinder access to and use of family planning services, services can promote improved reproductive health. Women's autonomy and decisionmaking can be reinforced and appropriate male participation can be promoted by how services are offered as

well as which services are available. These efforts will help women exercise their reproductive rights more freely and assist men in playing a more constructive role in their own reproductive health and that of their partners.

Contraceptives and Logistics Management (CLM)

Although this area may initially appear to function independently of gender relations, many opportunities exist to promote gender equity in the context of CLM. Through analyzing decisions on which commodities are selected to go where and by what process, critical assumptions about gender can be discerned. By working to provide a full range of reproductive health technologies, including contraceptives, that meet local needs, logistics systems play a key role in promoting informed choice and ensuring high-quality care. Further, logistics systems can address limited access to reproductive health services by expanding delivery endpoints to include a wider range of actors, such as women's groups and non-clinical sources. Analyzing who is involved in designing and managing the logistics system will also provide opportunities to increase participation in the program and make it more responsive to end-users. RFAs/RFPs in the area of CLM can promote gender equity by soliciting strategies to address how the supply system influences access, informed choice, and quality services.



Strategies and Questions to Facilitate the Incorporation of a Gender Perspective

RFA designers get what they ask for. The strategies, questions, and concrete examples in this section are intended to prompt designers to think through the issues they want bidders to address in their proposals. The strategies emerged through an analysis of various case studies of gender-sensitive projects reviewed by the IGWG. Strategies are both process and content oriented. Strategies 1 and 2 focus on the background analysis involved in developing the results framework. Strategies 3–8 are more suggestive of what a gender-sensitive reproductive health project looks like. Additional questions tailored to your RFA/RFP may be available from the IGWG.

Strategy 1: Assess gender norms and the opportunities and constraints they create for achieving reproductive health objectives³

Conduct gender analysis. A gender-sensitive project should have a good contextual understanding of the environment in which it intends to operate, including laws, regulations, policies, religious and cultural traditions, and other factors influencing gender norms that affect women's status, equality, and reproductive rights. Assess the critical constraints in this particular situation, understand who could best address these constraints, and build linkages.

Key Questions

- What questions can we request that surveys include?
 - Questions on gender relations (the relative status of women and men).
 - Questions on the effect of gender relations, such as decisionmaking ability, freedom of movement, control over finances, legal rights within marriage, or women's ability to access reproductive health services.
- How can communication strategies take into account gender differences, such as literacy levels and access to media and schools?
- Should some or all of the data collected be disaggregated by sex, socioeconomic status, education level, ethnicity, and age?
- How can gender-related barriers to reproductive health (e.g., unequal access and control over money

for services; ability, time, and transport to get to services; opportunity costs in terms of childcare; and women's multiple responsibilities) be reduced?

- How can women's control over decisions about when and under what conditions they will have sex be increased?
- How can USAID programs address the ways in which national population policies and programs might have a negative, coercive, and/or discriminatory effect on reproductive health and rights, such as discriminatory laws regarding marriage, property, child custody, contraception, abortion, and education?

Example

RFA M/OP/A/P-95-008 on adolescent reproductive health was issued in 1995 by the Office of Population, Health and Nutrition and resulted in the project known as FOCUS on Young Adults. The "Before" text is taken directly from the RFA, while the "After" shows one way this RFA could reflect a more gender-equitable approach.

Before:

"While often overshadowed by the mortality caused by HIV, infection with an STI can result in serious long-term consequences...Young girls are more biologically vulnerable to STIs than are older women because their immature reproductive systems provide less of a barrier to infections."

After:

Young girls are more vulnerable to STIs because they

- have immature systems that provide less of a barrier to infection;
- may often have relations with adult men who have larger bodies and more sexual experience with multiple sexual partners;
- cannot negotiate condom use; are subject to sexual coercion; and
- are fearful for their reputations should they display any sexual knowledge or curiosity, or try to obtain condoms.

³ ADS 201.3.4.11 "Men and women have different access to development programs and are affected differently by USAID activities. USAID seeks to understand these differences, both to improve the overall effectiveness of its programs and to ensure that women, who traditionally have less access to loans and other economic goods than do men, can obtain the resources they need to improve their lives. ... It is highly recommended that SO Teams be aware that their activities may have significantly differential effects by social group and watch to ensure that neither women nor men are disproportionately affected. ...Similarly, policy changes can often affect men and women differently, and SO Teams should look for unexpected effects that may need to be addressed."



Strategy 2: Assess the potential impact of program goals and outcomes on gender equity⁴

Assess whether this RFA/RFP has the potential to increase or decrease gender equity while meeting reproductive health objectives. Gender-sensitive projects recognize subgroup variations based on socioeconomic levels, age, marital status, ethnicity, religion, and client populations of women and men with different gender relations and needs.

Key Questions

- What gender objectives do we have, or should there be, for this project? How can this project enhance gender equity? Have similar projects in the past eroded or enhanced gender equity?
- Can we promote men's participation within this project in ways that reinforce women's empowerment and autonomy? What are the best practices?
- What is the relationship between promoting gender equity and improving access to and quality of care?
- How can we support depth and breadth in knowledge of reproductive health and rights? How can we promote training on sexuality and gender education to meet women's and men's sexual and reproductive health local needs during their life cycle?
- How can gender equity be incorporated as an integral part of the training in family planning/reproductive health for:
 - Providers
 - Pre-service training for schools of medicine and allied health professionals
 - In-service training for schools of medicine and allied health professionals
 - Officials of the Ministries of Health and other USAID counterparts
 - Communities

Example

In an effort to increase contraceptive use and male involvement in Zimbabwe, a family planning project initiated a communications campaign stressing men's importance in decisionmaking concerning family planning. Stereotypical gender role attitudes were reinforced through such messages as "Play the game right. Once you are in control, it is easy to be a winner," and "It's your choice." The campaign did increase the use of long-term contraceptive methods. But because the project did not consider the impact of these messages on gender relations, more men saw themselves as the *sole* decisionmakers for family planning, thereby reducing women's reproductive choices. A campaign could improve reproductive health and promote gender equity by encouraging couples to share decisionmaking about sex and reproduction, providing choices to prevent pregnancy and sexually transmitted infections and using mass media to examine existing concepts of masculinity and femininity instead of reinforcing gender stereotypes (Kim et al., 1996, Tweedie, 1997).

⁴ ADS 201.3.4.11 "Men and women have different access to development programs and are affected differently by USAID activities. USAID seeks to understand these differences, both to improve the overall effectiveness of its programs and to ensure that women, who traditionally have less access to loans and other economic goods than do men, can obtain the resources they need to improve their lives."



Strategy 3: Design projects that promote participation from project inception to evaluation⁵

Gender-sensitive programs prioritize the participation of women beneficiaries and other marginalized groups, from the beginning and continuously, in design, decisionmaking, priority setting, implementation, and evaluation. They promote constructive male participation in a way that respects and supports women's reproductive choices and, at the same time, protects men's health. Gender-sensitive projects build links with civil society, emphasizing partnerships with NGOs formed by women's health and rights advocates; other community groups; and with donor, local, and national officials, including a **variety** of constituencies and stakeholders. Gender-sensitive projects seek to achieve a sense of project **ownership** by participants, which occurs gradually as the project develops.

Key Questions

- How can we involve different stakeholders, including intended beneficiaries and women's health and rights advocates, in designing, implementing, and evaluating the project? How can this process be structured? How will we ask that individuals and organizations be identified to represent women's concerns?
- How can we help build the capacity of beneficiaries, advocates, NGOs, and community leaders to participate in the policies and projects more effectively? By assisting in forming coalitions? By providing training in advocacy?
- What kinds of data, research, and presentation skills do women's advocates need to work effectively, and how can these skills be imparted?
- Can we give women's advocates' financial and technical assistance to defray the costs of participation in projects? If so, how? A grant mechanism within the project?
- How can research inform policy initiatives to promote reproductive rights and gender equity?
- How can we design interventions to reduce the stigma of those who are HIV-positive?
- What strategies can we use to integrate NGOs, women's groups, and other nonclinical institutions into the delivery system? How can we ensure that logistics systems support primary health care delivery? How can local women's groups and potential users inform commodity procurement?

Example

Funded by USAID, the Reprasalud Project in Peru works with local community women's groups that identify the principal reproductive health challenges they face. The priorities identified by these groups serve as the genesis of reproductive health training activities and receive funds. During the design of these activities, community women voiced concern that the intended changes would not occur unless men were included. In response, the project added participatory training for men on reproductive health issues. Through training, women have learned to advocate more effectively for improved care from government health services. Preliminary evaluations have found that women who have participated in the project report increased self-esteem, knowledge of rights and knowledge of physiology, anatomy, and sexual pleasure. Both women and men report decreased domestic violence. Health services report dramatic increases in use of contraceptive services (Alberti, Caro, Posner, Schuler and Coe, 1998; Bruce and Rogow, 2000).

⁵ ADS 201.3.4.2 "Partners, customers, and stakeholders must be consulted."



Strategy 4: Select bids that demonstrate institutional commitment to gender equity and expertise⁶

Incorporating gender considerations into programs requires both expertise and an organizational commitment—from top to bottom—to promoting gender equity. Gender-sensitive projects address gender imbalances in power within organizational and project structure, leadership, and management.

Key Questions

- How can a commitment to gender equity from top management as well as throughout the organization and gender expertise be made an organizational requirement for those responding to the RFA?
- Do the bidding instructions and evaluation criteria on institutional capability for this RFA/RFP give adequate weight to a bidding organization's capacity to implement programs in ways that promote women's rights and equality?
- How can bidders involve all levels of staff and management, including high-level managers and executives, in gender awareness training?

Example

The International Planned Parenthood Federation (IPPF) has become a leader in promoting gender-sensitive approaches to serving reproductive health needs, yet it was not always that way. A recent account of the process of raising gender awareness within this bureaucratic major international population agency (Ortiz-Ortega and Helzner, 2000) describes the changes that had to occur at all levels for gender to be addressed throughout IPPF's work. Starting with an in-depth exploration of the concept of "quality of care," the organization began making its work more gender equitable. Steps in this process included consciously increasing proportions of women in senior management positions, conducting specific activities to increase awareness at the country program level, gender training, involving local women's health advocacy groups, and in-house advocacy through commitment from management.

⁶ ADS 201.3.6.3 "SO Teams should ensure that capacity of recipients to address the gender concerns identified during strategic and activity planning is duly considered before funds are obligated."



Strategy 5: Design projects that empower communities to promote reproductive health and gender equity

Communities with increased knowledge of reproductive health and rights are more effective in both demanding and using quality services. USAID design teams can request that bidders design projects that actively educate program beneficiaries about their rights to high-quality services, provide essential knowledge of anatomy and reproductive processes, and foster skills to articulate needs and rights. Thus, programs can catalyze more sustainable behavior change.

Gender-sensitive projects encourage women and community organizations to renegotiate relationships with partners and officials, recognizing that recipients of services also have something to offer health and community officials. By providing the skills for renegotiating relationships and power dynamics, gender-sensitive projects build capacity for change among those who are traditionally disenfranchised and also promote program sustainability.

Key Questions

- How can we facilitate interactions between the sexes that promote female empowerment, gender equity, and appropriate male involvement throughout the life cycle?
- What methodologies, such as Participatory Learning and Action, Stepping Stones, and Participatory Rapid Appraisal, can we use to involve communities in promoting reproductive health and gender equity? (See Section IV; AVSC, 1999)
- How can we promote informed choice (AVSC, 1998) through an effective logistics system?

Example

Recent efforts in Africa to improve and expand post-abortion care (PAC) services have recognized the key roles that communities play in the success of those services. In Kenya, the PRIME and POLICY Projects worked with the Ministry of Health, the Nursing Council of Kenya, and the National Nurses Association of Kenya to train private-sector nurse midwives to provide PAC services. As part of this effort, other nurses were trained as advocates to inform communities of this new service and to explain the urgency of treatment when a woman is experiencing abortion-related complications. Advocates found that initially some community members were opposed to PAC services but became supportive once they understood that these services saved women's lives. They also appreciated the opportunity to discuss unsafe abortion and unwanted pregnancy in public and to offer ways for the community to support the newly trained nurse midwives. Similarly, in Zimbabwe, where theater was used to collect information on community perspectives on unsafe abortion and to mobilize community action, citizens identified measures they could take to supplement and support PAC services and formed community action groups. Both country examples demonstrate that communities are essential partners in optimizing the health benefits from, and in sustaining, reproductive health services (Mhlanga and Settergren, 2000; Settergren et al., 1999).



Strategy 6: Design projects that promote a constellation of sexual and reproductive health services

A single sexual act can expose a woman to risks of HIV/AIDS and other STIs, unwanted pregnancy, and sexual violence. Health and social services that address these risks and their outcomes need to understand the interrelationships in order to achieve better overall reproductive health. New strategies for integrating and linking services should be developed and tested to clarify what best meets the needs of clients (women, men, couples, and adolescents). Postabortion care is an example of an integrated service that aims to save a woman's life from abortion complications and at the same time help to prevent future unwanted pregnancy and abortion through provision of family planning services at the time of emergency care. This opportunity is also used to counsel women about STIs and refer them for treatment if needed. Another example is promotion of dual protection—offering counseling and methods to prevent transmission of HIV and other STIs together with FP counseling and contraceptives.

Key Questions

- How can family planning services effectively address issues related to human sexuality, STIs, HIV, relationships, maternal health, and sexual health? How should services be designed?
- How can operations research demonstrate effective ways for women to become empowered to negotiate condom use, prevent STIs, and choose contraceptives?
- How can USAID programs address violence against women as it affects reproductive health (e.g., domestic violence, rape, sexual assault during conflict situations, forced pregnancy/ethnic cleansing, trafficking in women and girls' ability to negotiate condom use)?
- How can we ensure that the range of contraceptive methods is as wide as it can be (e.g., includes new technologies such as the female condom)? How flexible is the system for increasing choice? Is there an emphasis on long-term methods for women at the expense of a broader range of methods? Are methods made available to address clients' dual protection needs (to prevent unwanted pregnancy *and* disease)? Are methods made available to men?
- How can different Divisions within the Office of Population more effectively address gender issues

of RFAs/RFPs through increased coordination and integration?

Example

The International Rescue Committee has used participatory research and peer outreach workers to organize camp communities among Burundian refugee women in Tanzania to address gender-based violence within the context of reproductive health. The project provides counseling, medical services, and access to emergency contraceptives. Reproductive health projects can challenge norms and institutions that legitimize and perpetuate violence against women. Women with a history of abuse are at increased risk for unintended pregnancy, STIs, and adverse pregnancy outcomes (Heise, Ellsberg, and Gottemoeller, 1999).



Strategy 7: Design projects that promote a multisectoral approach⁷

A multisectoral approach promotes synergy between different sectors, often combining health services with interventions that address women's economic empowerment, literacy, political participation, and mobility/access. Through a multisectoral approach, multidimensional barriers can be addressed to confront women's disempowerment and the complex factors that lead to poor reproductive health.

Key Questions

- What cross-sectoral links can USAID programs use to address harmful practices against women as they affect women's reproductive health (e.g., son preference, child marriage, female genital mutilation, etc.)?
- How can we promote synergies for improving reproductive health by promoting female literacy, women's access to resources, and women's political participation?
- What other sectoral programs can we work with to promote positive male participation?
- Can our delivery systems mutually reinforce the efforts of other programs, such as training agricultural extension agents with gender-sensitive information on reproductive health information and services?
- Which stakeholders from sectors, such as education, finance, agriculture, and environment, can be involved to promote mutual goals of improved reproductive health and gender equity?
- Can reproductive health programs be designed to collaborate with other sectors to promote cross-sectoral Mission objectives?

Example

Education is ever more important to the life chances of both boys and girls in sub-Saharan Africa. One strategy some girls have followed to pay for school fees has been to find "sugar daddies" who provide financial support in exchange for sexual relations. But if these girls get pregnant, they are almost certainly expelled from school, a reality that changes their lives irrevocably. Boys and men experience few, if any, sanctions for having sex with school-aged girls. In order to have an impact on early pregnancy and STIs among young girls, reproductive health policies can address the challenges mediated through the school system by eliminating school fees, continuing schooling for pregnant girls, and sanctioning men and boys for sexual activity with schoolgirls.

⁷ ADS 201.3.4.11 "Analysis are often interdependent. For example, an agricultural analysis may also include gender as well as environmental analysis, thus approaching the sector from a more holistic point of view."



Strategy 8: Select bids that establish key variables to evaluate, monitor, and analyze progress in promoting reproductive health and gender equity⁸

The monitoring and evaluation systems of gender-sensitive programs acknowledge the impact of gender relations on program results and the impact of program activities on gender relations. The social impact of reproductive health programs is assessed through appropriate indicators. Appropriate indicators could assess increased support by men for women's health (e.g., pre- and postintervention, are male members more likely to hinder or facilitate women's access to information and services for STIs and contraception?). Indicators can assess an increase in women's ability to make health-related decisions (e.g., what percentage of women pre- and postintervention report seeking assistance for gender-based violence?). Evaluation can determine whether gender equity is promoted, eroded, or unaffected by programmatic activities (Yinger and Murphy 1999).

Key Questions

- Do we need new indicators and tools for monitoring and evaluating the impact of reproductive health programs on gender relations? Which indicators and tools could we use?
- How can we assess whether programs that incorporate a gender perspective encourage men to advocate for good reproductive health for themselves and for women?
- How can we assess the views of both women and men on their needs and preferences for information and accessibility, affordability, and quality of services?
- What kinds of data will demonstrate that addressing gender issues in reproductive health services will lead to improved reproductive health outcomes?

Example

In his work with adolescent boys, Gary Barker (2000) identified four areas in which boys' "gender equitable" attitudes can be measured. Barker's indicators measure the proportion of boys and men who

- Criticize or question the prevailing double standard that women must be faithful to their sexual partners while men and boys may have multiple partners;
- Do not use violence in their intimate relationships and oppose violence against women;
- Assume some responsibility for reproductive health issues; and
- Seek to be *involved* fathers, if they are fathers.

Examples of indicators for monitoring program impact on these factors might include the proportion of men who bring their children to healthcare services and the proportion of men who attend reproductive health services, either by themselves or with their sexual partner.

⁸ ADS 201.3.4.11 "Performance management systems and evaluations at the SO and IR levels must include gender-sensitive indicators and sex-disaggregated data when the technical analyses conducted during the strategic planning stage demonstrate that the activity or its anticipated results involve or affect women and men differently. This difference is potentially significant for managing towards sustainable program impact."



III. Evaluation Criteria for Proposals

This section provides some guidance on how to respond to the ADS (201) mandate to establish explicit criteria for gender-related evaluation of responses to RFAs and RFPs. The evaluation criteria should weigh the activities planned; the knowledge, ability, and experience of the staff proposed and the bidders' demonstrated institutional capacity to undertake the proposed activities in a gender-sensitive manner.

What to Look for in Activities

- Gender-relevant research, background analysis or assessments, and consultations with women's reproductive health and rights advocates, and with female and male clients as part of the project's concept development process;
- Gender analysis as part of the activity design and training, and as a routine part of procurement actions (i.e., subcontracts, task orders, SOWs for consultants);
- Gender-equitable participation in different aspects of the activity;
- Sex-disaggregated data for indicators and targets; and
- Gender criteria in evaluation of the project's progress and impact.

What to Look for in Staff Qualifications

- Key personnel who have demonstrated sectoral and gender analysis skills; and
- Position descriptions (including leadership) that explicitly require expertise in gender among U.S.- and field-based staff.

What to Look for in Institutional Capacity

- Demonstrated institutional commitment to gender issues in previous contracts, cooperative agreements, or grants;
- Gender-equitable institutional policies and mission statements, including equal opportunity employment practices;
- Publications on gender issues;
- Experience in participatory methodologies, working with diverse constituencies, and ensuring stakeholder participation; and
- Undertaking gender training for staff, collaborating partners, and in-country associates.

For performance-based contracts, the inclusion of gender criteria in the performance indicators will help ensure that such activities are implemented.

The RFA/RFP review panel should have at least one member with enough experience working on gender to rate proposals for their technical quality on gender issues. That person should ideally be a voting member of the panel, though the chair of the panel may invite someone with gender expertise to serve as a nonvoting member. In order to better respond to client and field needs and promote a more public review, one option for future consideration could be to constitute an expert advisory group (EAG) as part of the evaluation team. EAG members could include women's health and rights advocates with participation from others in civil society from different countries. Requiring EAG members to recuse themselves from bidding on any relevant RFA/RFP could mitigate conflicts of interest.



SAMPLE EVALUATION SUMMARY

Applicant: _____

Evaluator: _____

The following are illustrative evaluation criteria that can help assess the degree to which gender considerations have been integrated into a proposal. Depending on the context of the RFA/RFP, some suggestions may be more appropriate than others. Design teams should select those that are most applicable to their project, modify examples, and/or incorporate components of the suggestions below. They are meant to be used *together with* and *in addition to* other criteria specific to the RFA/RFP.

Max Possible Pts

A. Technical Approach

Technical and creative merit of proposed plan for:

- Achieving intermediate results, including creative integration of gender-sensitive strategies. ____ ()
- Monitoring and evaluation, including appropriate use of gender-sensitive methods and indicators. ____ ()

Overall Technical Approach ____ ()

B. Personnel

Successful experience among key staff and in:

- Analyzing gender norms and designing activities that respond to the opportunities and constraints they create for achieving project intermediate results. ____ ()
- Applying participatory methodologies and ensuring stakeholder involvement among diverse constituencies from project inception to evaluation. ____ ()

Overall Personnel ____ ()

C. Institutional Capability

- Demonstrated institutional commitment to gender equity and expertise through continuous staff training. ____ ()
- Existence of gender-equitable organizational policies and procedures. ____ ()
- Demonstrated history of providing equitable opportunities for women at all levels of organizational management. ____ ()

Overall Institutional Capability ____ ()

D. Past Performance

- Level of technical expertise in RH program implementation and use of state-of-the-art approaches, including gender-sensitive strategies. ____ ()
- History of publications on gender issues in RH programs. ____ ()
- Successful history of working collaboratively worldwide with varied public and private institutions, including international and local organizations with proven gender expertise. ____ ()

Overall Past Performance ____ ()

OVERALL TECHNICAL RATING _____ **(100)**



IV. Case Study of Stepping Stones Using the Eight Strategies

This case study shows how one particular gender-sensitive training project, Stepping Stones, addressed the eight strategies outlined here long before this Guide was written. Stepping Stones is a project using community training methodology on HIV/AIDS and communication, and relationship skills, with a strong reproductive health and gender equity component. Since 1995, Stepping Stones has been used to reduce the incidence of HIV and promote gender equity in numerous countries, including South Africa, Uganda, Tanzania and Ghana, with evaluations conducted in South Africa and Uganda. The IGWG's Men and Reproductive Health Sub-Committee is funding a case study of Stepping Stones. (Resources on Stepping Stones include Jewkes et al., 2000; Welbourn, 1995; Welbourn, 1999; and the web site of Action Aid, www.actionaid.org/stratshope/ssinfo.html.)

Strategy 1: Assess gender norms and the opportunities and constraints they create for achieving reproductive health objectives

Stepping Stones found that some key constraints included:

- Women's lack of control over finances and use of sex in exchange for economic survival;
- Violence against women; and
- The fact that asking her partner to use condoms is associated with a woman's being unfaithful, and, therefore, may be seen as provoking abuse.

Strategy 2: Assess the potential impact of program goals and outcomes on gender equity

Stepping Stones has the "aim of engaging men in supporting women in their reproductive choices as well as meeting men's own sexual needs" (Jewkes, 2000). It has the goals of reducing risk from HIV, increasing the ability of women to say no to unwanted sex, increasing knowledge of sexual health, improving communication between sexual partners, increasing condom use, and reducing the stigma of those who are HIV-positive.

Strategy 3: Design projects that promote participation from project inception to evaluation

Stepping Stones uses a participatory training methodology involving women, men, girls, and boys during 18 sessions. According to an official in the Ghanaian Ministry of Health, Stepping Stones has "been of tremendous help to stakeholders, middle-level managers, and health workers in the district. It has increased knowledge and proficiency, communication, and interpersonal relations of workers and clients."

Strategy 4: Select bids that demonstrate institutional commitment to gender equity and expertise

In South Africa, Stepping Stones has built capacity and expertise on gender equity with collaborating institutions such as the Medical Research Council and Planned Parenthood of South Africa.



Strategy 5: Design projects that empower communities to promote reproductive health and gender equity

By involving both sexes and various age groups in the community, and by encouraging them to articulate the problems and develop varied solutions, Stepping Stones has empowered the communities in which they work to move decisively on the challenges posed by HIV.

Strategy 6: Design projects that promote a constellation of sexual and reproductive health services

Stepping Stones addresses the full range of sexual and reproductive health issues: human sexuality, relationships, sexual health, communication, contraception, STIs, HIV, and violence against women. In South Africa, services now address issues of gender-based violence.

Strategy 7: Design projects that promote a multisectoral approach

Land grabbing that occurs after the death of a husband or father can push women into prostitution, which exposes them to STIs, unwanted pregnancy, and violence. The Stepping Stones training methodology addresses issues of finances, wills, and legal rights to land, among other multisectoral issues.

Strategy 8: Select bids that establish key variables to evaluate, monitor, and analyze progress in promoting reproductive health and gender equity

As the table below shows, key variables were developed to evaluate, monitor, and analyze Stepping Stones' progress in promoting reproductive health and gender equity.

Statement from Questionnaire	Before Workshop (% agreeing)	After Workshop (% agreeing)
A real woman must have a baby	47	19
A real man must have many women	39	15
Some women deserve to be beaten	49	20
Ever used a condom	54	66
A condom is needed even if a woman is using contraception	48	94
Someone at home or a close friend could have HIV without knowing it	39	75



V. Appendices

A. Web Sites

- 1) Gender and USAID:
 - a) www.info.usaid.gov; then click on gender; or www.genderreach.com and www.genderreach.com/links/links.htm
 - b) IGWG: www.measurecommunication.org/asp_scripts/igwg.asp
- 2) Gender Equity Group, OECD, Development Assistance Committee:
www.oecd.org/dac/gender/index.htm
- 3) ICPD: www.unfpa.org/icpd/index.htm
- 4) Beijing: www.un.org/womenwatch/followup/beijing5/index.html
- 5) United Nations Development Program:
www.undp.org/gender
- 6) Canada and development:
www.acdi-cida.gc.ca/equality

B. Members of the Interagency Gender Working Group and Reviewers from the Office of Population, USAID

Interagency Gender Working Group

RFA Subgroup

Jill Gay, Chair, RFA Team
Debbie Caro, Cultural Practice
Julia Ernst, CRLP
Rebecca Firestone, CHANGE
Meg Greene, CHANGE
Andrew Levack, AVSC
Elaine Murphy, PATH
Estelle Quain, USAID
Bill Rau, AED

Liz Schoenecker, USAID
Mary Nell Wegner, AVSC

Program Implementation Sub-Committee Co-Chairs:

Bessie Lee, USAID
Jane Schueller, FHI

IGWG Chair and Previous Acting Chair:

Michal Avni, USAID
Bessie Lee, USAID

IGWG Coordinator:

Audrey Seger, USAID

Liaison with Research and Indicators Subcommittee:

Nancy Yinger, PRB

Reviewers from Office of Population, USAID:

Michal Avni, Nancy Engel, Steve Hawkins, Sarah Harbison, Bessie Lee, Estelle Quain, Elizabeth Schoenecker, Audrey Seger, Jeffrey Spieler

C. Acronyms

ADS	Automatic Directive System
AIDS	Acquired Immunodeficiency Syndrome
APS	Annual Program Statement
CLM	Commodities, Logistics, and Management
CMT	Communication, Management, and Training
EAG	Expert Advisory Group
FCFW	Fourth World Conference on Women Beijing



FPS	Family Planning Services
HIV	Human Immunodeficiency Virus
Horizons	USAID-funded operations research project focusing on HIV/AIDS
ICPD	International Conference on Population and Development
IGWG	Interagency Gender Working Group
IUD	Intra-uterine Device
IPPF	International Planned Parenthood Federation
NGO	Nongovernmental Organization
RFA	Request for Application
RFP	Request for Proposal
P & E	Policy and Evaluation
PAC	Postabortion Care
PHN	Population, Health, and Nutrition
R	Research
SIDH	Society for the Integrated Development of the Himalayas
SO	Strategic Objective
SOW	Scope of Work
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
WHO	World Health Organization

D. Bibliographic References

- Alberti, Amalia, Deborah Caro, Jill Posner, Sidney Schuler and Anna-Britt Coe. 1998. *Strengthening Reproductive Health Monitoring and Evaluation Strategies*. Washington, DC: PTAS.
- Avni, Michal, Rebecca Firestone and Jill Gay. 1999. "A Proposal for Gender-sensitive Strategic Objectives in the USAID Center for Population, Health and Nutrition." Washington, DC: IGWG.
- AVSC International and Planned Parenthood Association of South Africa. 1999. "Men as Partners: A Program for Supplementing the Training of Life Skills Educators, Guide for MAP Master Trainers and Educators." New York. (www.avsc.org)
- AVSC. 1998. "Informed Choice in International Family Planning Service Delivery, Strategies for the 21st Century: Report of a Global Working Group Meeting held at the Rockefeller Foundation Bellagio Study and Conference Center, Bellagio, Italy, November 18-24, 1998." New York.
- Barker, Gary. 2000. "Gender Equitable Boys In A Gender Inequitable World: Reflections From Qualitative Research And Programme Development In Rio de Janeiro." *Sexual and Relationship Therapy*, Vol. 15, No. 3: 263-282.
- Bruce, Judith, and Debbie Rogow. 2000. "Alone You Are Nobody, Together We Float: The Manuela Ramos Movement." New York: Population Council (www.popcouncil.org).
- The Center for Reproductive Law and Policy (CRLP). 2000. "Reproductive Rights 2000: Moving Forward." New York. (www.crlp.org).
- Crook, Barbara. 2000. "The Challenge of Integrating Issues of Men's Partnership in Women's Reproductive Health in Non-Health NGOs." Proposal to the Men and Reproductive Health Committee of USAID's IGWG. Seattle, WA: PATH.
- de Zoysa, Isabelle, Michael Sweat and Julie Denison. 1996. "Fearful but Faithful: Reducing HIV Transmission in Stable Relationships." *AIDS*, Supple. A: S197-S203.
- Griffen, Karen, and Catherine Lowndes. 1999. "Gender, Sexuality, and the Prevention of Sexually Transmissible Diseases: A Brazilian Case Study of Clinical Practice." *Social Science and Medicine*, 48: 283-292.
- Gupta, Geeta Rao. 1997. "Strengthening Alliances for Sexual Health and Rights." *Health and Human Rights*, Vol. 2, No. 2: 1-9.
- Heise, Lori, Mary Ellsberg and Megan Gottemoeller. 1999, December. "Ending Violence Against Women." *Population Reports*, Series L, No.11. Baltimore, MD: Johns Hopkins University School of Public Health, Population Information Program. (www.change.org).
- Heise, Lori, and Chris Elias. 1995. "Transforming AIDS Prevention to Meet Women's Needs: A Focus on Developing Countries." *Social Science and Medicine*, Vol. 40, No. 7: 931-943.
- Heise, Lori, Kirsten Moore and Nahid Toubia. 1995. "Sexual Coercion and Reproductive Health: A Focus on Research." New York: The Population Council.
- Institute of Medicine. 1996a. *In Her Lifetime: Female Morbidity and Mortality in Sub-Saharan Africa*. Washington, DC: National Academy Press.
- Institute of Medicine. 1996b. *Contraceptive Research and Development: Looking to the Future*. Washington, DC: National Academy Press.
- Paulson, Susan, Maria Elena Gisbert and Mery Quitón. 1999, April. *Guide for Rethinking*



- Differences and Rights in Sexual and Reproductive Health: A Training Manual for Health Care Providers*. Research Triangle Park, NC: Women Studies Project of Family Health International through a Cooperative Agreement with USAID.
- Jewkes, Rachel, et. al. 2000. "Stepping Stones: Feedback from the Field."
- Kim, Young Mi, Caroline Marangwanda and Adrienne Kols. 1996, January. "Involving Men in Family Planning: The Zimbabwe Male Motivation and Family Planning Method Expansion Project, 1993-1994." Baltimore, MD: CCP, The Johns Hopkins School of Public Health.
- Mhlanga, Cont, and Susan Settegren. 2000, May. "Unsafe Abortion: Communities Speak Out. A documentary video." Washington, DC: POLICY Project and Amakhosi Theatre Group.
- Ortiz-Ortega, Adriana, and Judith F. Helzner. 2000, June. "Opening Windows to Gender: A Case Study of a Major International Population Agency." IPPF/WHO Working Paper No. 1, June. (www.ippf.org).
- OECD. 1998. *DAC Guidelines for Gender Equality and Women's Empowerment in Development Cooperation*. Paris, France, OECD.
- Pfannenschmidt, Susan, Arlene McKay and Erin McNeill. 1997. "Through a Gender Lens: Resources for Population, Health and Nutrition Projects." Washington, DC: Family Health International for the USAID Gender Working Group. (www.fhi.org).
- Schalkwyk, Johanna, and Beth Woroniuk. 1997. "DAC Source Book on Concepts and Approaches Linked to Gender Equity." Paris, France: OECD.
- Settegren, S., Mhlanga, C., Mpfu, J., Ncube, D., Woodsong, C. 1999, September. *Community Perspectives on Unsafe Abortion*. Washington, DC: POLICY Project.
- SIDA. 1997. *Handbook for Mainstreaming: A Gender Perspective in the Health Sector*. Stockholm, Sweden: Department for Democracy and Social Development, Health Division.
- Tweedie, Ian. 1997. "Walking the Stereotype Tightrope: Lessons Learned from Communication Approaches to Men's Participation in Zimbabwe." In CHANGE and Population Council, "Report from the Meeting on Changing Communication Strategies for Reproductive Health and Rights, Dec. 10-11, 1997." Washington, DC (www.change.org).
- United States Agency for International Development. 1999. "From Commitment to Action: Meeting the Challenges of ICPD." Washington, DC: USAID.
- Weiss, Ellen, and Geeta Rao Gupta. 1998. "Bridging the Gap: Addressing Gender and Sexuality in HIV Prevention." Washington, DC: International Center for Research on Women. (www.icrw.org)
- Welbourn, Alice. 1995. *Stepping Stones*. London, UK: ACTIONAID.
- Welbourn, Alice. 1999. "Gender, Sex and HIV: How to Address Issues That No-one Wants to Hear About." *Tant qu'on a la Santé*. Berne, Switzerland: IUED.
- World Health Organization. 1998. "Gender and Health: Technical Paper." Geneva, Switzerland. Women's Health and Development Programme, World Health Organization.
- Yinger, Nancy. 1998. *Unmet Need for Family Planning: Reflecting Women's Perspectives*. Washington, DC: International Center for Research on Women.
- Yinger, Nancy, and Elaine Murphy. 1999. "Illustrative Indicators for Programming in Men and Reproductive Health." Washington, DC: PATH. (A product of the Research and Indicators Group of the IGWG). (www.path.org).

E. Summary of ADS Sections That Refer to Gender Integration in the Planning Process

The following are excerpts from the ADS 201 series that refer to gender integration. The sections where requirements for gender integration in the planning process appear are:

- ADS 201.3.4.11: Technical Analysis for Strategic Plans (section b: Requirements)
- ADS 201.3.4.13: Planning for Performance Management (section b: Performance Indicators)
- ADS 201.3.6.2: Ten Steps in Activity Design (step 3: Determine the Major Outputs Necessary to Achieve Each Intermediate Step)
- ADS 201.3.6.3: Preobligation Requirements (section a: Adequate Planning)

The page numbers in brackets refer to the pages in the ADS 201 series where the corresponding sections are found.



201.3.4.11 Technical Analysis for Strategic Plans *[page 35 of ADS 201]*

a. Background

- Analysis enables Operating Units and SO Teams to examine the feasibility of various aspects of proposed Strategic Plans. It helps planners determine whether the objectives and intended results are appropriate, whether the tactics to achieve objectives and results are the most suitable and cost effective, and whether the plan can be implemented in the time frame proposed and with the available resources. Analysis provides the basis for defining the development hypothesis represented in Results Frameworks as well as critical assumptions that are beyond USAID or partner control. Evidence of sound analysis will be a factor in plan approval.
- Analysis helps to define what needs to be done, when, how, and by whom. It tests the feasibility of proposed plans against a number of criteria and confirms whether USAID-funded activities can be developed to achieve the results proposed in a Results Framework. For this reason, analysis of critical factors is conducted for the most part before or during the development of the strategy rather than as a separate task after the planning process is complete.

b. Requirements

- The following mandatory technical analysis requirements apply to development of Strategic Plans:
 - **Environmental Analysis**
 - **Conflict Prevention Analysis**
[page 37]
 - **Gender Analysis:** Strategic Plans must reflect attention to gender concerns. Unlike other technical analyses described in this section, gender is not a separate topic to be analyzed and reported on in isolation. Instead, USAID's gender mainstreaming approach requires that appropriate gender analysis be applied to the range of technical issues that are considered in the development of a given Strategic Plan. Analytical work performed in the planning and develop-

ment of Results Frameworks should address at least two questions: (1) how will gender relations affect the achievement of sustainable results; and (2) how will proposed results affect the relative status of women. Addressing these questions involves taking into account not only the different roles of men and women but also the relationship and balance between them and the institutional structures that support them. For technical assistance and additional guidance, consult your Operating Unit or Bureau gender specialist or the USAID Guide to Gender Integration and Analysis. **(See Additional Help document, Guide to Gender Integration and Analysis - RESERVED)**

- Other Analyses:
- **Summary of Analyses:** A summary of all relevant analyses must be included in the strategy document. This summary, which may be included in the main text or in an annex to the strategy document, must cover analyses conducted by the Operating Unit for purposes of strategy development, as well as completed technical analyses conducted previously by USAID or other organizations. This summary should be limited to a brief overview of the analysis, a description of the methodology used to conduct the analysis, and the conclusions drawn. The analytical material included in the strategy must permit the reader to form an independent judgment regarding the adequacy of the analysis, as well as the validity and relevance of the conclusions to the strategy or plan. Operating Units are encouraged to include as annexed references to the strategy document the full range of analyses that were conducted (or referred to) during preparation of the Strategic Plan.



201.3.4.13 Planning for Performance Management

[page 42]

- Performance management requires access to useful and timely information on a broad range of factors throughout the life of an SO. Without planning how and when this information is to be obtained, it will be difficult or impossible, once activities start, to put systems in place to ensure adequate information flow to affect ongoing decisionmaking and meet annual performance reporting requirements. The SO Team and their operating unit must take adequate steps to plan and institutionalize a process for collecting performance information as part of everyday work. This section describes how to carry out this planning. (See ADS 203.3.2, Conceptual Framework, for a fuller discussion of the context within which assessing and learning takes place.)

a. The Performance Monitoring Plan

- A Performance Monitoring Plan (PMP) is a tool to support results-focused program management. A written PMP document must be in place for each SO within one year of strategy approval unless otherwise prescribed by the respective Bureau in the strategy review reporting cable. The PMP must be reviewed and approved by the Head of the Operating Unit. Although SO Teams are not required to submit PMPs to Washington for approval, sharing PMPs with technical and program specialists is encouraged. There is no one standard format for a PMP. Operating Units should use a format that best fits actual needs.

PMP Contents

PMP Preparation

b. Performance Indicators

- How Many Performance Indicators Should a SO Team Have?
- Can a SO Team Use Qualitative Indicators?
- Do SO Teams Have to Use Common Indicators?
- Can SO Teams and Operating Units Change Performance Indicators?
- How Must Indicators and Evaluations Reflect Gender Considerations? [page 45]

- Men and women have different access to development programs and are affected differently by USAID activities. USAID seeks to understand these differences, both to improve the overall impact of its programs and to ensure that women, who traditionally have less access to loans and other economic goods than do men, can obtain the resources they need to improve their lives.
- One way to understand the effect of gender on our development efforts would be to disaggregate performance information by sex. In practice, however, this is not always feasible or cost effective. The following requirement has been developed to ensure due consideration in assessing the relationship between gender and our development efforts:
 - Performance management systems and evaluations at the SO and IR levels must include gender-sensitive indicators and sex-disaggregated data when the technical analyses conducted during the strategic planning stage demonstrates that:
 - The activity or its anticipated results involve or affect women and men differently.
 - This difference is potentially significant for managing towards sustainable program impact.
- Such activities include, but are not limited to, humanitarian programs, micro-enterprise grants, and training programs. Where the people targeted by the activity cannot be easily identified (e.g., people who attend mass meetings, people who buy from social marketing program vendors, etc.), it may be too difficult to track and report sex-disaggregated data. In these cases, SO Teams are encouraged to refer to the “USAID Guide to Gender Analysis and Integration” for contextual indicators that may help them to assess gender impact indirectly.
- It is highly recommended that SO Teams be aware that their activities may have significant differential effects by social group and watch to ensure that neither women nor men are disproportionately affected. For example, in a region where 8 of 10 farmers are women and



there are certain social norms governing social relations between the sexes, the SO Team should weigh the benefits of using male versus female agricultural extension agents. Similarly, policy changes can often affect men and women differently, and SO Teams should look for unexpected effects that may need to be addressed.

- When gender technical expertise is not present in an Operating Unit, technical assistance is available from the Global Bureau's Office of Women in Development. **(See Additional Help document, USAID Guide to Gender Integration and Analysis - RESERVED)**

201.3.6.2 Ten Steps in Activity Design [page 56]

The process of developing activities necessary to achieve an SO and meet preobligation requirements can be complex. The intent of this section is to provide additional non-mandatory guidance on design of activities. Operating Units and SO Teams are encouraged to use this guidance as a starting point when designing activities. *(Although this is a non-mandatory section, the required technical analysis for gender considerations is referenced in Step 3. See text below.)*

Step 3. Determine the Major Outputs Necessary to Achieve Each Intermediate Result

- The major categories of USAID-financed outputs needed to achieve each Intermediate Result or group of Intermediate Results are identified along with a time frame for completion. This information will be incorporated later into various acquisition and assistance instruments. Each output should be necessary to achieve the IR or group of IRs.
- Various technical analyses may be necessary to make informed choices on the most desirable outputs. A major focus of this analytical work is obtaining feedback and participation on the part of ultimate customers. Topics of analysis may include economic, social soundness, environmental, technical, administrative, institutional, and cost-benefit issues. Each type of analysis should specifically and appropriately address relevant gender issues. **(See Additional Help document, Guide to Gender Integration and Analysis - RESERVED)** SO Teams and the approving

official determine the type and level of analysis needed. Much of the needed analytical work is normally carried out as part of the preparation of the Strategic Plan. **(See ADS 201.3.4.11)** On complex activities, additional, more detailed analytical work may be needed to meet preobligation requirements. Consideration of Agency policy guidance may also affect choice of outputs. **(See ADS 200.4)**

201.3.6.3 Preobligation Requirements [page 62]

- Since USAID-program funded activities involve transfer of US taxpayer resources to other governments and organizations, the process of developing and approving activities is very regulated and at times complex. This section summarizes the major legal and policy requirements that must be met before USAID-appropriated funds are obligated. It is important that these requirements be adequately documented. Item "h" describes documentation requirements and options.

The requirements are as follows:

- **a. Adequate Planning.** The activity must be adequately planned and described. **(See Mandatory Reference, Section 611(a) of the Foreign Assistance Act of 1961, as amended.)**
- The degree of planning required prior to obligation for a given activity varies depending on the nature of the activity and the nature of the obligating instrument to be used. The following minimum mandatory requirements are designed to ensure that Operating Units adequately plan all activities before obligation:
- **Link to Approved Strategic Plan.** Planning documentation must indicate how the activity will use Agency resources to support achievement of SOs in an approved Strategic Plan.
- **Link to Results Framework.** Planning documentation must show how the activity is linked to a result or results specified in an approved Results Framework and how it will achieve intended results. (The latter requirement normally includes describing linkages between implementing institutions and ultimate customers, use of USAID and partner personnel, and definition of overall responsibilities and authorities.)
- **Illustrative Budget.** Planning for the activity must include an illustrative budget that pro-



vides a reasonably firm estimate of the cost of the activity to the US Government.

- **Plan for Monitoring Performance.** Planning for the activity must include a plan for monitoring adequacy of outputs and their effectiveness in achieving intended results. Activity level performance monitoring should be part of the larger performance management effort of the Operating Unit. **(See Mandatory References FAR, AIDAR, and 22 CFR 228 and see ADS 203, ADS 303, and ADS 312)**
- **Analyses.** Analyses necessary to support the approval of an activity must be prepared and may include economic analysis, social analysis, gender analysis, administrative analysis, technical analysis, institutional analysis, cost-benefit analyses, sector assessments, etc. This is a highly flexible requirement. Operating Units and SO Teams are responsible for determining which analyses are needed to support approval of a given activity and how to document such analyses. Section 201.3.4.11 lists various types of analyses that Operating Units should consider, and it references several papers that describe the methodologies used to conduct such analyses. **(See 201.3.4.11)** Given the close linkage between Strategic Plans and activities, analyses performed during the initial design of a Strategic Plan will generally contribute to satisfying requirements for analyses. **(See 201.3.6.2, Step 3)**

[page 64]

- **Gender.** Activities designed following approval of the Strategic Plan must address gender issues in a manner consistent with the findings of the analytical work performed during strategy development. **(See 201.3.4.11 paragraph b, Gender Analysis)** Findings from gender analysis will help to determine how gender needs to be addressed in the activity. SO Teams should ensure that capacity of recipients to address the gender concerns identified during strategic and activity planning is duly considered before funds are obligated. For contracts and grants/cooperative agreements that are issued following a competitive process, this is accomplished by signaling in solicitation documents USAID's expectations

regarding gender expertise and capacity, tasking offerors with proposing meaningful approaches to address identified gender issues, and placing appropriate emphasis on gender-related elements of technical evaluation criteria. The following steps must be completed to address this requirement:

(1) For each activity subject to approval, the SO Team must, in one page or less, outline the most significant gender issues that need to be considered during activity implementation. These issues should reflect consideration of the following two questions:

- (a)** Are women and men involved or affected differently by the context or work to be undertaken?
- (b)** If so, is this difference potentially significant for managing toward sustainable program impact?

The statement must describe how these concerns will be addressed in any competitive solicitations financed under the activity (i.e., Request for Proposal (RFP) for acquisition and Request for Assistance (RFA) or Annual Program Statement (APS). Note that procurements for goods and commodities are excluded from this requirement.) The text of this gender statement is included in the Activity Approval Document.

- (2)** If the SO Team determines that there are no significant gender issues, it must provide a brief rationale to that effect in place of the gender statement in the Activity Approval Document.
- (3)** The Approving Official for the activity is responsible for ensuring that the gender statement adequately responds to item #1 in this list. In cases where no gender statement is made (see #2), (s)he must ensure as part of approving the activity that the rationale is adequate.
- (4)** Before issuing or approving an RFP, RFA, or APS, the Contract or Agreement Officer will:



(a) Confirm that either the gender statement is incorporated into the resulting RFA, RFP, or APS requirements or that the rationale (#2) has been completed as part of activity approval; and

(b) Work with the SO Team so that the relative significance of gender technical capacity to the Statement of Work or Program Description is appropriately reflected in the technical evaluation criteria.

